WASHINGTON

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
02 SEATTLE (KING CNTY)	98940	50.60	48.07	55.28
	98941	74.59	70.86	81.49
	98942	58.30	55.39	63.69
99 REST OF STATE	98940	46.48	44.16	50.78
	98941	68.40	64.98	74.73
	98942	55.57	52.79	60.71

2027 deductible $292.00

www.noridianmedicare.com Click this link to access your Medicare carrier

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